

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Novo Nordisk PAC

ADDRESS (number and street)

500 New Jersey Avenue NW

Suite 350

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00424838

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☒Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

01

2009

through

11

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael Mawby

Signature of Treasurer

Electronically Filed by Michael Mawby

Date

12

15

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 84

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	18604.37
(b) Cash on Hand at Beginning of Reporting Period .....	25823.88	
(c) Total Receipts (from Line 19) .....	7241.00	81709.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33064.88	100313.37
7. Total Disbursements (from Line 31) .....	11032.63	78281.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22032.25	22032.25
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Novo Nordisk PAC

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6440.00	55485.00
(ii) Unitemized .....	801.00	26224.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7241.00	81709.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7241.00	81709.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7241.00	81709.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7241.00	81709.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	32.63	417.24	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	32.63	417.24	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	77863.88	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11032.63	78281.12	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11032.63	78281.12	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	7241.00	81709.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7241.00	81709.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.63	417.24
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32.63	417.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Andrew R. Ajello

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - National Sales/Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-2-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew R. Ajello

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - National Sales/Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-2-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert K. Anderson

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-3-11-14

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert K. Anderson

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-4-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Armenante

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Incentive Compensation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-4-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Armenante

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Incentive Compensation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-5-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Lynn M. Baer

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - North Ameri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 20091130-6-11-14

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Lynn M. Baer

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - North Ameri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 20091207-7-11-5

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Kaysen Bala

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Medical Liaison II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 20091130-7-11-14

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Kaysen Bala

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Medical Liaison II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-8-11-5

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Chester M. Barszcz

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Customer Channel Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-8-11-14

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Chester M. Barszcz

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Customer Channel Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-9-11-5

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Kristen C. Beck

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Clinical Trial Lead

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-9-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kristen C. Beck

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Clinical Trial Lead

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-10-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jennifer L. Bennett

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Strategic Staffing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-11-11-14

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Jennifer L. Bennett

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Strategic Staffing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-12-11-5

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Daye M. Bexley

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-12-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Daye M. Bexley

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-13-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Matthew W. Bianchini

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-13-11-14

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew W. Bianchini

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-14-11-5

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Francis P. Bigley

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-14-11-14

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Francis P. Bigley

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-15-11-5

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Terry P. Bloecher

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-15-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Terry P. Bloecher

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-16-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas H. Boyer

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-17-11-14

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas H. Boyer

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-18-11-5

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

William P. Breitenbach

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Diabetes Po

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-19-11-14

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

William P. Breitenbach

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Diabetes Po

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-20-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Francis X. Brown

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Business Process Cha

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-20-11-14

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Francis X. Brown

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Business Process Cha

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-21-11-5

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph C. Burns

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-21-11-14

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph C. Burns

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-22-11-5

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey L. Burt

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Managed Markets / Health Ec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-22-11-14

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey L. Burt

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Managed Markets / Health Ec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-23-11-5

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Erin L. Byrne

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - National Changing Diabetes P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-23-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Erin L. Byrne

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - National Changing Diabetes P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-24-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Anne P. Cannon

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-24-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Anne P. Cannon

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-25-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Edward R. Cardoza

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-25-11-14

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Edward R. Cardoza

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-26-11-5

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Marcus E. Carr

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Director - Hemophilia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-26-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Marcus E. Carr

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Director - Hemophilia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-27-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott P. Cassidy

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - IT Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-27-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Scott P. Cassidy

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - IT Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-28-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth P. Chambless

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Strategic Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-28-11-14

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Kenneth P. Chambless

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Strategic Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-29-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Nathaniel G. Clark

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Advisor - Diabetes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-29-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Nathaniel G. Clark

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Advisor - Diabetes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-30-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Sean P. Clements

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-30-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Sean P. Clements

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-31-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jane R. Conlon-Werner

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Quality Assurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-31-11-14

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Jane R. Conlon-Werner

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Quality Assurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-32-11-5

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Conner

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Field Outcomes Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-32-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher Conner

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Field Outcomes Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-33-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Henry W. Cortina

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-33-11-14

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Henry W. Cortina

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-34-11-5

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Traci R. Cravaack

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-34-11-14

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Traci R. Cravaack

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-35-11-5

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

John E. Davis

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-37-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

John E. Davis

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-38-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary M. Dugan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-40-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mary M. Dugan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-41-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kim B. Elston

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-41-11-14

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Kim B. Elston

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-42-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Joann A. Fawaz

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-42-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Joann A. Fawaz

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-43-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Neal C. Fitzpatrick

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Biopharmaceutics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-43-11-14

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Neal C. Fitzpatrick

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Biopharmaceutics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-44-11-5

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

David K. Flood

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Applications Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-44-11-14

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

David K. Flood

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Applications Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-45-11-5

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen S. Flynn

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Strategic Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-45-11-14

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen S. Flynn

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Strategic Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-46-11-5

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Philip F. Fornecker

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Strategic Business Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-46-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Philip F. Fornecker

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Strategic Business Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-47-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Brooklynne N. Foster

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-47-11-14

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Brooklynne N. Foster

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-48-11-5

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey A. Frazier

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-50-11-14

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey A. Frazier

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-51-11-5

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Seth C. Freund

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Client Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-51-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Seth C. Freund

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Client Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-52-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Bryan J. Gallagher

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Medical Scientific Director - Endocrino

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-53-11-14

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Bryan J. Gallagher

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Medical Scientific Director - Endocrino

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-54-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert D. Gawlikowski

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-54-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert D. Gawlikowski

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-55-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen W. Gilligan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Endocrinology District Business Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-55-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen W. Gilligan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Endocrinology District Business Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-57-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Reza Green

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Chief Intellectual Property Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-57-11-14

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Reza Green

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Chief Intellectual Property Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-60-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Carrie A. Greer

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-58-11-14

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Carrie A. Greer

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-61-11-5

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Gary W. Grote

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Managed Care & Gover

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-59-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Gary W. Grote

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Managed Care & Gover

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-62-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Sharon J. Haggerty

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Institutional Regional Business Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-60-11-14

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Sharon J. Haggerty

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Institutional Regional Business Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-63-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Samantha D. Hall

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-61-11-14

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Samantha D. Hall

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-64-11-5

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Edward F. Hanover

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 9

Transaction ID: 20091130-62-11-14

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Edward F. Hanover

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 9

Transaction ID: 20091207-65-11-5

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Kristin L. Hanson

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Scientific Director - M

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 9

Transaction ID: 20091130-63-11-14

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Kristin L. Hanson

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Scientific Director - M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-66-11-5

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

John W. Hart

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-64-11-14

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

John W. Hart

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-67-11-5

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Miguel A. Hechavarria

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-66-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Miguel A. Hechavarria

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-69-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Tanya L. Hill

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Brand Director - NovoSeven

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-68-11-14

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Tanya L. Hill

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Brand Director - NovoSeven

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-71-11-5

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Scott W. Hocking

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Managed Markets Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-69-11-14

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Scott W. Hocking

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Managed Markets Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-72-11-5

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Julia L. Hoff

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-70-11-14

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Julia L. Hoff

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-73-11-5

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Todd D. Hughes

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Government Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-72-11-14

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Todd D. Hughes

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Government Account Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-75-11-5

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Walter J. Hunter

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Director - Medical Scientifi

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-73-11-14

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Walter J. Hunter

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Director - Medical Scientifi

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-76-11-5

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth G. Ingram

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Managed Mar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-75-11-14

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth G. Ingram

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Managed Mar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-78-11-5

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Frank J. Jacobs

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Diabetes Sa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-76-11-14

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Frank J. Jacobs

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Diabetes Sa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 20091207-79-11-5

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

J. P. Jones

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Sales Force

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 20091130-78-11-14

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

J. P. Jones

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Sales Force

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 20091207-81-11-5

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

155.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Doxie A. Jordan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Institutional Regional Business Direct

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-79-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Doxie A. Jordan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Institutional Regional Business Direct

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-82-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

James A. Kalmes

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Customer Channel Marketing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-80-11-14

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

James A. Kalmes

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Customer Channel Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-83-11-5

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph F. Kelly

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-81-11-14

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph F. Kelly

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-84-11-5

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald A. Kempin

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-82-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Donald A. Kempin

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-85-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Carol L. Krause

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-83-11-14

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Carol L. Krause

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Liaison

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 20091207-87-11-5

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Camille C. Lee

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Diabetes Brand Market

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 20091130-84-11-14

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Camille C. Lee

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Diabetes Brand Market

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 20091207-88-11-5

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey P. Letourneau

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-86-11-14

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey P. Letourneau

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-90-11-5

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Charles J. Maerzke

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - National

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-87-11-14

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

40.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles J. Maerzke

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - National

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-91-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Michael L. Mawby

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Government

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-89-11-14

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Michael L. Mawby

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Government

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-93-11-5

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeff S. Maxwell

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-90-11-14

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff S. Maxwell

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-94-11-5

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Ann McElligott

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-92-11-14

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary Ann McElligott

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-96-11-5

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen B. McGill

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-93-11-14

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen B. McGill

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-97-11-5

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Christopher N. McGowen

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-94-11-14

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher N. McGowen

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-98-11-5

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Heather L. Millage

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Brand Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-95-11-14

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Heather L. Millage

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Brand Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-99-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Miller

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Business Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-96-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Miller

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Business Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-100-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael H. Morse

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior District Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-99-11-14

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Michael H. Morse

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior District Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-103-11-5

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Alan C. Moses

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Global Chief Medical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-100-11-14

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Alan C. Moses

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Global Chief Medical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-104-11-5

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth A. Moses

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Curriculum Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-101-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth A. Moses

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Curriculum Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-105-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Catherine A. Mullooly

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Clinical/Scientific Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-102-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Catherine A. Mullooly

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Clinical/Scientific Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-106-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen L. Mulroney

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Applications Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-103-11-14

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Kathleen L. Mulrone

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Applications Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-107-11-5

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen D. Noyes

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Managed Car

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-104-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen D. Noyes

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Managed Car

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-108-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Curtis G. Oltmans

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Deputy Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-105-11-14

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Curtis G. Oltmans

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Deputy Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-109-11-5

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dylan M. Pensabene

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-108-11-14

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Dylan M. Pensabene

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-112-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph C. Piscitello

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-110-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph C. Piscitello

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-114-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Christopher M. Porter

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 20091130-111-11-14

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher M. Porter

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 20091207-115-11-5

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Powers

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 20091130-113-11-14

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert J. Powers

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Therapy Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-117-11-5

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Kurtis R. Purrello

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Sales Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-114-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kurtis R. Purrello

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Sales Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-118-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Patrick M. Quinn

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Trade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 9

Transaction ID: 20091130-115-11-14

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Patrick M. Quinn

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Trade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 9

Transaction ID: 20091207-119-11-5

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Linda S. Reyle

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Customer Channel Mark

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 9

Transaction ID: 20091130-117-11-14

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Linda S. Reyle

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Customer Channel Mark

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-121-11-5

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Laura L. Riedy

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior District Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-118-11-14

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Laura L. Riedy

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior District Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-122-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Kevin Ryan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation  
Attorney II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-119-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin Ryan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation  
Attorney II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-123-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Joanne L. Sadowsky

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation  
Director - Contract Management & Compl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-120-11-14

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Joanne L. Sadowsky

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Contract Management & Compl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-124-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

C. Reed Scott

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-121-11-14

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

C. Reed Scott

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-126-11-5

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Jane E. Scott

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-122-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Jane E. Scott

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-125-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Lauren E. Semeniuk

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-123-11-14

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Lauren E. Semeniuk

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-127-11-5

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

James Shehan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Legal/Government & Qu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-124-11-14

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

James Shehan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Legal/Government & Qu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-128-11-5

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Jonathan W. Snow

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Business Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-126-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Jonathan W. Snow

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Business Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-130-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Gabriele E. Sonnenberg

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Clinical Director - Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-127-11-14

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Gabriele E. Sonnenberg

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Clinical Director - Research

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-131-11-5

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Joann C. Sufalko

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Sample Administra

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-128-11-14

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Joann C. Sufalko

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Sample Administra

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-132-11-5

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Lisa G. Suttner

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-129-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Lisa G. Suttner

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-133-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey B. Symm

Mailing Address 1020 New Dover Road

City

Apex

State

NC

Zip Code

27502-8955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 7E9740A408CEAD7342B

Amount of Each Receipt this Period

260.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Anton L. Titus

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 20091130-131-11-14

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Anton L. Titus

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 20091207-135-11-5

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Robert A. Toepfer

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 20091130-132-11-14

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

40.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)

Robert A. Toefer

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-136-11-5

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Bartholomew J. Tortella

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Clinical Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-133-11-14

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Bartholomew J. Tortella

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Clinical Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-137-11-5

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Vargas

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Applications Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-134-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Vargas

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Applications Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-138-11-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Dana G. Vaughns

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Endocrinology District Business Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-135-11-14

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Dana G. Vaughns

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Endocrinology District Business Manage

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-139-11-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Deena M. Ward

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-137-11-14

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Deena M. Ward

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-141-11-5

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Ellene S. Whitmore

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Biopharmaceutical Sales Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-138-11-14

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Ellene S. Whitmore

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Biopharmaceutical Sales Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-142-11-5

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Rosemarie R. Wilk-Orescan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Intellectual Property Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-139-11-14

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Rosemarie R. Wilk-Orescan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Intellectual Property Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-143-11-5

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Edward L. Williams

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Biopharmaceuticals

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-140-11-14

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Edward L. Williams

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Biopharmaceuticals

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-144-11-5

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Bill S. Young

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091130-141-11-14

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Bill S. Young

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 20091207-145-11-5

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

6440.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address 444 N Capitol Street NW

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Bank Fee Oct 09

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 436E3CEC38FD4E80E26

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

32.63

**SUBTOTAL** of Disbursements This Page (optional) .....

32.63

**TOTAL** This Period (last page this line number only) .....

32.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Capuano for Senate Committee	<b>Transaction ID:</b> 514AB39294DB38C5A98 <b>Date of Disbursement</b>
Mailing Address 172 Central St	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Somerville State MA Zip Code 02145	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary	<input type="text" value="2500.00"/>
Candidate Name Michael E. Capuano	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Castle Campaign Fund	<b>Transaction ID:</b> 2403B2EEB2F79D54FF1 <b>Date of Disbursement</b>
Mailing Address PO Box 133	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Wilmington State DE Zip Code 19899	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary	<input type="text" value="1000.00"/>
Candidate Name Michael N. Castle	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Enzi for Us Senate	<b>Transaction ID:</b> FF4AB04C0EC999485A7 <b>Date of Disbursement</b>
Mailing Address PO Box 2775	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Cody State WY Zip Code 82414	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2014 Primary	<input type="text" value="1000.00"/>
Candidate Name Michael B. Enzi	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....**4500.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Byron Dorgan	<b>Transaction ID:</b> FF1C7BC7CD294BBB3B7 <b>Date of Disbursement</b>
Mailing Address PO Box 871	<div> <div>MM/DD/YYYY</div> <div>11/10/2009</div> </div>
City Bismarck State ND Zip Code 58502	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary Candidate Name Byron L. Dorgan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District:	<div> <div>Amount</div> <div>1000.00</div> </div>
<b>B.</b> Full Name (Last, First, Middle Initial) Markey Committee, the	<b>Transaction ID:</b> A2B5537E8041929274A <b>Date of Disbursement</b>
Mailing Address PO Box 526	<div> <div>MM/DD/YYYY</div> <div>11/10/2009</div> </div>
City Medford State MA Zip Code 02155	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary Candidate Name Edward J. Markey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 07	<div> <div>Amount</div> <div>1000.00</div> </div>
<b>C.</b> Full Name (Last, First, Middle Initial) Matsui for Congress	<b>Transaction ID:</b> F8110E5A330ABAF392 <b>Date of Disbursement</b>
Mailing Address PO Box 1738	<div> <div>MM/DD/YYYY</div> <div>11/10/2009</div> </div>
City Sacramento State CA Zip Code 95812	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary Candidate Name Doris O. Matsui Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 05	<div> <div>Amount</div> <div>1000.00</div> </div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Nancy Pelosi for Congress

Mailing Address 607 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2010 Primary

Candidate Name  
Nancy Pelosi

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 08

Transaction ID: E402DEA9F4B0D2C421D

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2010 Primary

Candidate Name  
Ron Wyden

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Transaction ID: B7E368E8CF1DAAAB83A

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

11000.00